

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-18-08Case #: PD 08-049DCounty: POSEY CO.NARCOTICS UNITAddress: 600 BLK. W. 7th ST.MT. VERNON, INDIANAGPS: W 87° 54' 12.2 / N 37° 55' 58.3**Type of Laboratory Seizure** (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☒ Open - No Structure
☐ Vehicle ☐ Other.

Items Found (check all that apply)

- ☐ Lithium/Ammonia Reaction(s)
☐ Red Phosphorous/Iodine Reaction(s)
☐ Flammable Solvents
☐ Water Reactive Metal (Lithium)
☐ Anhydrous Ammonia
☐ Hydrochloric Acid Gas Generator(s)
☐ Corrosive Acid
☐ Corrosive Base
☒ Other: LITHIUM GLASSWARE

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

This report is to be faxed to the following agencies that serve the location:

Fire Department: MT. VERNON F.D. Fax (812) 838-8702
Health Department: POSEY CO. HEALTH DEPT. Fax (812) 838-8561
Child Protective Services Department: _____ Fax _____

For further information regarding this methamphetamine laboratory, contact the investigating officer listed below.

Investigating Officer: Kenneth Rose Phone 812-838-8625

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.